DE LAL SEASON

STATE OF CONNECTICUT JUDICIAL VOLUNTEER/INTERN PROGRAM APPLICATION FOR INTERN SERVICE

DAYS

APPLICATION FOR INTERN SERVICE							DATO	
JD-AP-7, Rev. 4-03							HOURS/WEEK	
PERSONAL INFORMATION								
NAME							SOCIAL SECURITY NO.	
HOME ADDRESS (Street) (City) (State) (Zip Code)						Code)	TELEPHONE NO.	
DATE OF BIRTH	TE OF BIRTH PLACE OF BIRTH (List City & State)						HONE NUMBER OF EMERGENCY ONTACT	
PLEASE LIST ANY LANGUAGES YOU SPEAK FLUENTLY: E-MAIL ADDRESS;								
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN: DO YOU HAVE ANY CASES PENDING IN CT OR ANY STATE? IF YES, PLEASE EXPLAIN:							NY OTHER	
SCHOOL DATA								
NAME OF SCHOOL RESIDENCE						RESIDENCE	PHONE NUMBER:	
CAMPUS ADDRESS								
DEPARTMENT	REFERR	REFERRING PROFESSOR				PHONE NUMBER: () EXT:		
LENGTH OF INTER	MAJOR	MAJOR			G.P.A.	LAII.		
CURRENT LEVEL	SOPHOMORE JU	NIOR		SENIOR	ENIOR DOST-GRADUATE		GRADUATION DATE:	
PLEASE EXPLAIN BELOW WHY YOU WOULD LIKE TO PARTICIPATE IN THE JUDICIAL BRANCH VOLUNTEER/INTERN PROGRAM. (PLEASE ATTACH AN ADDITIONAL SHEET, IF NECESSARY.)								
BACKGROUND INFORMATION								
I authorize the Judicial Branch to conduct a verification of education and criminal history records pertaining to me. I hereby authorize persons, schools and other organizations to release to the Judicial Branch information that may be requested. I agree to discharge the Judicial Branch and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.								
APPLICANT'S SIGNATURE							DATE SIGNED	
INTERVIEWER OFFICE							DATE	